



Clinical Congress News

The American College of Surgeons • 81st Clinical Congress • October 22-27, 1995 • New Orleans

LaSalle D. Leffall, Jr. becomes ACS President tonight

LaSalle D. Leffall, Jr., MD, FACS, of Washington, DC, will be installed as the 76th President of the ACS tonight during Convocation ceremonies that conclude the College's annual Clinical Congress. A general surgeon and surgical oncologist, Dr. Leffall is a professor and chairman of the department of surgery at Howard University College of Medicine. He also holds the title of Charles R. Drew Professor at Howard.

Dr. Leffall was born on May 22, 1930, in Tallahassee, FL, but grew up in nearby Quincy and attended its public schools. In 1948, at the age of 18, he was awarded a BS degree summa cum laude from Florida A&M University.

Four years later, Dr. Leffall earned a medical degree from Howard University, where he ranked first in his class. He served an internship at Homer G. Phillips Hospital, St. Louis, MO, from 1952 to 1953. Between 1953 and 1956, Dr. Leffall served as assistant resident in surgery at Freedmen's Hospital and

DC General Hospital. After serving as chief resident in surgery at Freedmen's Hospital, he took a senior fellowship in cancer surgery from 1957 to 1959 at Memorial Sloan-Kettering Cancer Center, New York, NY.

Following the completion of his medical education, Dr. Leffall began a military career as Captain, MC, serving as Chief of General Surgery at the U.S. Army Hospital in Munich, Germany, from 1960 to 1961. In 1962, he joined the faculty of Howard University, where, in 1970, he assumed his current position as professor and chairman of the surgery department. In 1992, Dr. Leffall was named the Charles R. Drew Professor, occupying the first endowed chair in the surgery department of Howard University. Now in his 34th year on the faculty, he has taught approximately 3,500 students and helped train almost 200 general surgical residents.

Since becoming an ACS Fellow in 1964, Dr. Leffall has served the Col-

lege in various capacities. He served as President of the Washington Metropolitan Chapter (1978-79); College Secretary (1983-1992); Vice-Chairman of the Executive Committee, Committee on Medical Motion Pictures (1983-84); member of the Commission on Cancer (1971-81); member of the Communications Committee (1983-87); member of the Education Committee (1983-87); and member of the Development Committee (1993-95). He has been a vital contributor to the ACS's scientific meeting programs, serving as chairman of the Postgraduate Course on Gastrointestinal Disease (1984 Clinical Congress); Ethics and Philosophy Lecturer (1993 Clinical Congress); and Excelsior Surgical Society/Edward D. Churchill Lecturer (1994 Spring Meeting).

In addition, Dr. Leffall has been awarded membership in numerous academic, regional, national, and international medical associations and societies, and he has held leadership



Dr. Leffall

positions with many of these groups. He was president of the American Cancer Society (1978-79), the Society of Surgical Oncology (1978-1979), the Washington Academy of Surgery (1981-

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In organ procurement

Recognizing donor's autonomy critical for successful policy

"Policies that appear to be feasible from a strictly rationalistic standpoint may turn out to be ineffective and even counterproductive because they do not adequately attend to the psychosocial significance of the human cadaver—hence the limited success or outright failure of some of the organ procurement policies implemented over the last decade," James F. Childress, PhD, said at yesterday's Ethics and Philosophy Lecture on ethical issues in organ transplantation. Dr. Childress is the Edwin B. Kyle Professor of religious studies and professor of medical education at the University of Virginia, Charlottesville.

Basing his presentation on the assumption that as a society we need to increase the supply of organs in order to save lives, Dr. Childress explored the ethical and political acceptability, preferability, and feasibility of procuring and distributing organs.

Our dominant method of organ transfer, he said, is expressed donation: "In the U.S., the transfer of solid organs occurs by express donation by an individual or by the family...While the law is primarily individualistic, practice is primarily social, with the individual viewed as part of a small community, the family. One ethical and practical problem is bringing the two together."

Dr. Childress said that according to several opinion surveys, fewer than 50

percent of American adults are very or somewhat likely to donate their organs after death, and even fewer actually sign donor cards. ("Perhaps this figure shouldn't be too surprising, since only about 20 percent of the decedents leave a will," Dr. Childress added.) Some of the significant reasons, Dr. Childress said, that people fail to sign donor cards are: lack of thought about donation, reluctance to face death, distrust in the "system," and fear that physicians will hasten the designated donor's death in order to reap organs. An interesting contrast in donation statistics, Dr. Childress pointed out, is that in 1968, around the time of the first heart transplant, 70 percent of Americans indicated a willingness to donate.

However, he said, with the increasingly adversarial relation between the public and health care professionals that began in the 1970s, "suspicion has replaced trust."

Encouraging volunteerism on the part of individuals while alive is difficult, Dr. Childress acknowledged, and proposals for mandated choice (i.e., individuals would have to indicate when obtaining a driver's license if they wish to donate organs) are ill-advised. "It is likely that a policy of mandated choice would reduce rather than increase the number of acts of donation...proponents of mandated choice fail to appreciate that individuals may choose to let oth-

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Burgeoning technology will bridge biologic barriers

"There will be an enormous collision between biotechnology and information technologies that will give us unprecedented power for the 21st century," according to Leroy E. Hood, MD, PhD, at yesterday's I.S. Ravdin Lecture on "Biotechnology and the Human Genome Project: Catalyzing a Revolution in Medicine of the 21st Century." Dr. Hood is the William Gates III Professor and chairman, department of molecular biology, University of Washington School of Medicine, Seattle. He is also director, NSF Science and Technology Center for Molecular Biotechnology, California Institute of Technology.

The most important tool in medicine in the next 10 years, Dr. Hood pointed out, will be the computer's ability to use, store, analyze, and dis-

pense information.

Dr. Hood defined the three types of biological information: DNA, protein, and complex systems. It is in the analysis of complex systems, he said, that the future of biology lies.

By way of answering the question, How do we develop tools to examine genes?, Dr. Hood pointed to protein sequencing machines, which, he said, have enabled exploration of molecules unexamined previously. For example, he said, the sequencing machine has revealed oncogenes masquerading as normal hormones, thus providing physicians with a new mechanism of pathogenesis.

The sequencing machines that deal with these complex genetic systems and networks form the foundation of the Human Genome Project, Dr. Hood said. The human genome contains 3×10^9 nucleotides, Dr. Hood said, and the

project is designed to decipher this information. He added that the project will not just sequence the human genome, but also those of the mouse, drosophila, nematode, bacteria, and yeast.

With large-scale genetic mapping, large-scale DNA sequencing, large-scale DNA arrays and hybridization, and large-scale PCR analysis, Dr. Hood said, it is hoped that the Human Genome Project will influence disease stratification, and molecular and preventive medicine.

Regarding the immune response, Dr. Hood said, "we can use the exquisite specificity of the immune system to manipulate cells via T cell receptors." The specific approach to human autoimmune disease, he said, will be to: (1) identify all human T cell addresses, (2) stratify the disease, via epidemiology and large-scale genetic

mapping, (3) identify the T cell address and correlate it with individual diseases, and (4) identify small molecule drugs for individual addresses that delete or clonally expand T cells.

Currently being examined, Dr. Hood said, are cDNA sequences and tumor expression patterns for prostate cancer. He envisions that in 10 years it may be possible to construct a DNA chip with diagnostic markers for the major cancers.

In concluding the Ravdin Lecture, Dr. Hood highlighted the inevitable societal and ethical questions that arise in conjunction with such biologic and technologic advances: privacy, abortion, germline genetic engineering, free will and individual responsibility (the "most difficult for society to deal with," he said), and reductionism and emergent properties.

LEFFALL, from page 1

82), the Society of Surgical Chairmen (1988-90); president-elect of the Society of Black Academic Surgeons (1995); vice-president of the Society for Surgery of the Alimentary Tract (1989-90); and second vice-president of the American Surgical Association (1989-90). He received a Presidential appointment to the National Cancer Advisory Board (1980-86). From 1981 to 1987, he was a member of the American Board of Surgery. As the principal Civilian Consultant to the General Surgery Service and the Department of Surgery for 25 years (1970-95), he received the Commander's Award for Public Service from Walter Reed Army Medical Center this year. Dr. Leffall was made an Honorary Fellow of the West African College of Surgeons in 1994 and of the International College of Surgeons in 1995. He is to be inducted as an Honorary Fellow of the College of Surgeons of South Africa in 1996.

Dr. Leffall has served on the editorial boards of several medical journals including the *Journal of the National Medical Association*, *Cancer*, the *American Journal of Surgery*, and the *Archives of Surgery*, in addition to authoring and coauthoring numerous scientific and medical publications.

Throughout his distinguished career, Dr. Leffall, who has devoted his professional life to the study of cancer, especially as it relates to African-Americans, has held visiting professorships and lectureships at more than 200 medical institutions in the United States and abroad. Dr. Leffall has been awarded honorary memberships from the Bolivian, Peruvian, and Chilean Cancer Societies, and he has been awarded honorary degrees from Georgetown University, the University

of Maryland, Florida A&M University, Meharry Medical College, Morehouse School of Medicine, Clark University, and Howard University.

In 1987 The Biennial LaSalle D. Leffall, Jr., Award was established by the M. D. Anderson Hospital and Tumor Institute, Houston, TX, recognizing Dr. Leffall's contributions to cancer prevention, treatment, and education in minority and economically disadvantaged communities. In 1989, the citizens of his home town in Quincy, FL, named two streets and the surgical wing in the Gadsden Memorial Hospital in his honor. The LaSalle D. Leffall, Jr., Surgical Society was formed in March 1995, and the Leffall Chair in Surgery—the second endowed chair in the surgery department at Howard University—will be established in March 1996.

Dr. Leffall and his wife Ruth have a son, LaSalle III, an honors graduate of Harvard Law and Business Schools, who is an associate at the New York law firm of Cravath, Swaine, & Moore.

Other officials to be installed tonight are Frank R. Lewis, Jr., MD, FACS, Detroit, MI, as First Vice-President, and Ward O. Griffen, Jr., MD, FACS, Lexington, KY, as Second Vice-President.

Dr. Lewis is chairman of the department of surgery, Henry Ford Hospital, Detroit, MI. He has been a Fellow of the College since 1975, and has served as Chairman of the Board of Governors and on the Governor's Committee on Surgical Practice in Hospitals. Dr. Griffen is professor of surgery, University of Kentucky Medical Center, Lexington, KY. He has been a Fellow of the College since 1967 and is a past executive director of the American Board of Surgery.

Donor pins available

Attendees of this year's Clinical Congress are encouraged to visit the philanthropy booth in the ACS Resource Center, which is located in the Morial Convention Center. For any size contribution to the ACS Scholarship Endowment Fund, you will receive a special lapel pin that signifies your support. The fund provides over \$800,000 annually for resident scholarships and faculty fellowships.

Information regarding the Fellows Leadership Society and additional philanthropic programs will also be available to Congress participants.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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Stephen J. Regnier
Associate Editor:
Jennifer F. Herendeen
Assistant Editor:
Tina Woelke
Photography Editor:
Donna Gibson
Director of Communications:
Linn Meyer

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Prof. Tobe



Prof. Zederfeldt



Prof. Browse



Dr. Ortiz

ACS awards four Honorary Fellowships

Honorary Fellowship in the American College of Surgeons will be awarded tonight to four prominent surgeons from Japan, Sweden, Mexico, and England. The awards will be presented during the Convocation ceremonies that conclude the Clinical Congress. The recipients will be:

Takayoshi Tobe, MD, FACS, Hamamatsu City, Japan. Professor Tobe is superintendent and general director at Hamamatsu Rosai (Ind.) Hospital, and professor emeritus, Kyoto University Faculty of Medicine, Kyoto.

Bengt H. Zederfeldt, MD, PhD, Malmö, Sweden. Professor Zederfeldt is professor of surgery at the Univer-

sity of Lund, and professor and past chairman at the Allmänna Sjukhus, Malmö.

Sir Norman Leslie Browse, MB, BS, MD, FRCS(Eng), FRACS(Hon), FRCPS(Glas, Hon), FRCSI(Hon), FCM(S. Africa, Hon), Surrey, England. Sir Norman is head of the department of surgery, professor of surgery, and honorary consultant at St. Thomas' Hospital, University of London; and Consultant Vascular Surgeon to the Royal Air Force and the Army.

Fernando Ortiz Monasterio, MD, FACS, Mexico DF, Mexico. Dr. Ortiz is attending plastic surgeon at Hospital General "Manuel Gea Gonzalez," and professor emeritus at Universidad

Nacional Autonoma de Mexico, Mexico DF.

Presenting the Honorary Fellowships will be: Thomas K. Hunt, MD, FACS, San Francisco, CA; Thomas J. Krizek, MD, FACS, Tampa, FL, ACS Regent; John E. Connolly, MD, FACS, Irvine, CA, past ACS Regent and past ACS Second Vice-President; and Lloyd M. Nyhus, MD, FACS, Chicago, IL, past ACS First Vice-President.

During the College's Convocation ceremonies this year, over 1,600 surgeons from around the world will be admitted into Fellowship. With a membership of more than 54,000, the American College of Surgeons is the largest organization of surgeons in the

world. Fellowship in the College is awarded during the ceremonies to surgeons whose education and training, professional qualifications, surgical competence, and ethical conduct have passed a rigorous evaluation and have been found to be consistent with the high standards established and demanded by the College.

The first Honorary Fellowship in the College was awarded in 1913 to Sir Rickman Godlee, president of the Royal College of Surgeons. Since then, 350 internationally prominent surgeons, including Drs. Tobe, Zederfeldt, Browse, and Ortiz, have been named Honorary Fellows of the College.

ORGAN PROCUREMENT, from page 1

ers decide after their deaths what will happen to their organs," he said.

Dr. Childress addressed in detail other methods of organ procurement, such as presumed donation, routine removal, conscription, and sales, and illustrated the ethical and political defects inherent in these policies.

To effectively encourage donations while remaining within ethical boundaries, Dr. Childress suggested supporting designation of a surrogate decision-maker and routine or required referral (in required referral, institutions and physicians would routinely notify a trained procurement team in circumstances where cadaveric organs and tissues might be available).

In addition, Dr. Childress stressed, "We need to reconceive public and professional education, which has been too rationalistic, individualistic, formalistic, and legalistic...Some of the major deficiencies of most public education for organ donation flow from a misconception of the implications of respect for personal autonomy in organ donation."

For example, Dr. Childress said that attempting to obtain a signature on a donation card is not enough; public education must be structured to be

more "social and communitarian," while still recognizing and stressing individual autonomy. Dr. Childress believes this approach would target individuals as members of smaller communities and would educate them about the importance of indicating their organ donation wishes to their family members as well as imagining themselves in the position of deciding for others who are deceased.

He also pointed out the validity of other community members' assistance in organ donation. "We have too often thought of organ donation as a question of the relation between the broader society/state and the individual and/or his/her family. We have too often neglected the role of religious and other intermediate communities—yet these intermediate communities play a tremendously important role in the way we organize and live out our lives."

In concluding his lecture, Dr. Childress said, "It is crucial that policymakers consider the whole range of relevant factors in order to ensure the effectiveness and minimize the negative consequences of organ procurement policies. The system of express donation remains our best hope."



Mrs. Marion Belzer (center) of Madison, WI, and John Belzer, MD (right), of San Francisco, CA, widow and son of Folkert Belzer, MD, FACS, accept a presentation volume of the 1995 *Owen H. Wangenstein Surgical Forum* on Tuesday morning from Laurence Y. Cheung, MD, FACS, Chairman of the Committee for the Forum on Fundamental Surgical Problems. This year's volume is dedicated to Dr. Folkert Belzer, who was a pioneer in transplant surgery.

Official College ties and Fellowship jewelry

Official ACS ties and jewelry are available from Jim Henry, Inc., located in Booth 2707 in the technical exhibit area.

Necrotizing fasciitis can be treated with surgery

Surgeons from Loma Linda University (CA) Medical Center are dispelling some of the myths about necrotizing fasciitis, or "flesh-eating disease," that have appeared in the popular press of late. The authors of one of the largest studies of necrotizing fasciitis to date presented their findings yesterday during a session of the Owen H. Wangensteen Surgical Forum that was devoted to "Outcomes and Quality of Life."

Although flashy headlines about this disease have appeared recently, necrotizing fasciitis can be traced as far back as the late 1500s when Ambroise Pare—the father of French surgery—described a gangrene-like condition that resembles today's flesh-eating disease. Necrotizing fasciitis also was rampant during the American Civil War, causing the death of approximately half of the individuals it affected, according to Ben Childers, MD, plastic surgical resident at Loma Linda University and lead author of the study.

The Centers for Disease Control and Prevention in Atlanta, GA, has noted that the condition affects only about 750 to 1,500 persons in the United States each year. Dr. Childers and his associates could only identify 122 cases of the disease from 1984 to 1994 in a referring medical center that serves a county of 1.5 million residents.

Although necrotizing fasciitis commonly has been associated with streptococcus A bacteria, as many as 30 percent of the patients in the Loma Linda study had no evidence of streptococcal organisms in tissue cultures. "We found that the disease is a polymicrobial type of infection. Rather than being caused by a single species of pathogen, necrotizing fasciitis is an infection that is caused by multiple types of bacteria, and it is an infection that can occur in the absence of streptococcus," he said.

Dr. Childers emphasized that antibiotics are not the primary treat-

ment for necrotizing fasciitis; the condition actually is considered to be a surgical emergency that must be aggressively managed to save affected patients. With a treatment regimen involving surgery and intensive fluid and nutritional support, the Loma Linda surgeons were able to save the lives of 72 percent of the 122 patients overall, and 82 percent of 26 patients treated in 1994.

The treatment regimen at Loma Linda University Medical Center begins with a careful evaluation of patients, followed by fluid resuscitation of those patients who are in septic shock. Once patients are hemodynamically stable enough, they undergo surgery, which involves extensive debridement of nonviable and infected tissue. After debridement, patients are monitored carefully in the intensive care unit for any signs of fluid or electrolyte imbalances or underlying infection. The patients are given nutritional support, particularly protein replenishment, and the dressings covering their wounds are changed frequently. If the infective process appears to be continuing, the patients are returned to surgery for further debridement until all infected tissue is removed. Reconstruction of the infected areas is later accomplished with the use of skin grafts.

A salutary outcome for patients depends heavily on early recognition and treatment of the disease, according to Dr. Childers. "The disease process is like a snowball going down a hill. If it is not caught for days, the disease can infect and inflame not only the fascia that overlies the muscle, but the muscle itself. Once it gets into the muscle, it is very hard to treat," he said.

Dr. Childers' colleagues include Ryan Nachreiner, BS; Douglas L. Hendricks, MD, FACS; Frank R. Rogers, MD, FACS; and Robert A. Hardesty, MD, FACS.

Copies of the *Owen H. Wangensteen Surgical Forum, Volume XLVI*, are available for \$25 each in the general registration area of the convention center.

Surplus convention center food will be sent to area needy

According to figures from the Physician Task Force on Hunger in America, approximately 20 million Americans go hungry at least a few days each month. In recent years, food assistance organizations in 62 percent of major U.S. cities had to turn people away because of lack of resources.

In an effort to lower these sobering statistics, the College, through the Professional Convention Management

Association's (PCMA) "Network for the Needy," will donate surplus goods from Clinical Congress-related meetings and activities. The PCMA network is composed of meeting professionals and bureau executives from major cities across the country.

For more information about Network for the Needy, contact PCMA at 100 Vestavia Office Park, Ste. 220, Birmingham, AL 35216; tel. 205/823-7262.



The Great Mace

During Convocation ceremonies this evening, College Secretary Kathryn D. Anderson, MD, FACS, will carry the College's mace—a unique ornament as well as an important symbol of friendship and principle.

The mace was a gift to the ACS from 54 British surgeons who had worked with their American counterparts during World War I. At their request, the mace was designed to symbolize the ties that unite Great Britain to the United States and Canada, and to represent the close union that exists between British and American surgery. The dedication inscribed on the mace, which was presented to the College in 1920, reads: "From the Consulting Surgeons of the British Armies to the American College of Surgeons, in

memory of mutual work and good fellowship in the Great War, 1914-1918."

The mace was designed in the traditional shape and proportions of the Civic Mace, an ornamental and ceremonial staff of the 17th century. Depicted on the mace are: the serpents of Aesculapius; the caduceus (the symbol of the U.S. Army Medical Corps); the blazon of the U.S., of the Dominion of Canada, and of the Royal College of Surgeons of England; the badge of the Royal Army Medical Corps; the shields of John Hunter and Lord Lister; a cartouche bearing the words "Philip Syng Physick, 1768-1837, Father of American Surgery"; multiple flora representing the U.S. and Great Britain; and the names of the 54 donors of the mace.

Have questions about managed care and practice management?

If so, be sure to stop by the ACS Managed Care Info Exchange located in the registration area at the convention center. Sponsored by the College's Socioeconomic Affairs Department, the booth will provide you with the opportunity to meet consultants from Conomikes Associates who can answer your questions and address concerns you may have about managed care and practice management issues. Consultation is available on a walk-up basis, or you may reserve a time for a personal appointment.



A luncheon on Tuesday recognized past recipients of the Distinguished Service Award (top row, left to right): Frank Padberg (1988), Robert E. Hermann (1994), Seymour I. Schwartz (1986), Barry M. Manuel (1993), C. Barber Mueller (1984), (bottom row, left to right) R. Gordon Holcombe, Jr. (1980), S. Stuart Mally (1992), Vallee L. Willman (1987), C. Thomas Thompson (1983), and Luis F. Sala (1989).

ACS practice management manual available at Congress

Surgeons who are entering practice today face numerous challenges. Concerns about practicing good medicine and maintaining quality relationships with patients and peers often must take a back seat to the dynamics of an ever-changing health care environment in which the surgeon must operate. Many of the challenges facing young surgeons today lie not in the realm of science, but in the socioeconomic and business arenas.

In an effort to address a lack of easily accessible, up-to-date information on practice management issues, the American College of Surgeons announces the publication of the manual *Practice Management for the Young Surgeon*. Edited by Charles D. Mabry, MD, FACS, and Irving L. Kron, MD, FACS, the manual was written by authors—many of whom are surgeons—who have expertise in the areas that most challenge the newest members of the surgical profession.

The manual is not intended to be an encyclopedic work on practice management; rather, it is designed to be a

practical guide to practice selection and the business side of surgical practice.

Additionally, throughout the text there are numerous references to selected books, articles, and educational courses that will be helpful to the interested reader.

Although the College intends this manual to be a useful reference primarily for younger surgeons, it hopes that it will be of interest to all Fellows.

The 116-page manual is divided into four major sections:

(1) *The Surgical Marketplace*: "Integrated Health Care: Where Do Surgeons Fit?" by Bruce E. Spivey, MD, FACS; "Evaluating the Marketplace," by Robert D. Brickman, MD, JD, FACS; "Determining Potential Competition/Need in Practice Area," by George Conomikes; and "Credentialing," by Sidney Tolchin, MD, FACS.

(2) *Choosing a Practice*: "Choosing a Partner or Practice," by James A. Anderson, MD, FACS; "Should I Join a Group Practice?" by Stephen K. Plume, MD, FACS; "The Health Main-

tenance Organization," by Gary M. Ferguson, MD, FACS; "Government Practice: Department of Veterans Affairs," by Martha D. McDaniel, MD, FACS; "Military Medicine," by Col. David P. Jaques, MD, FACS; "Academic Practice," by Irving L. Kron, MD, FACS; "Moving from Academics to Private Practice," by E. Christopher Ellison, MD, FACS; "Traditional Solo and Group Practice: Practical Guidelines for the Young Surgeon," by Cheryl L. Toth and Charles D. Mabry, MD, FACS; "Accounting for a Surgical Practice," by Charles D. Mabry, MD, FACS; "Insurance Coding and Processing," by Jacqueline R. Leopold; "Collections for a Surgical Practice: A Surgeon's Viewpoint," by Charles D. Mabry, MD, FACS; "Billing and Collections," by Jacqueline R. Leopold; "Distribution of Practice Revenue, Workloads, and Work Incentives," by George Conomikes; and "Personnel Management" and "Are You Ready for the ADA?" by Alan Luba.

(3) *Legal and Contractual Issues*, by Paul G. Gebhard, JD, and W. Kenneth Davis, Jr., JD.

(4) *Personal Financial Management for Young Surgeons*: "Introduction," by Hugh H. Trout III, MD, FACS; and "Managing Your Personal Finances," by Charles D. Mabry, MD, FACS.

Members of the editorial committee who worked on the development of this manual are: Irving L. Kron, MD, FACS (member, Committee on Young Surgeons); Edward R. Laws, Jr., MD, FACS (member, Board of Regents); Charles W. Logan, MD, FACS (member, Board of Governors); Margaret L. Longo, MD, FACS (member, Board of Regents); Charles D. Mabry, MD, FACS (member, Committee on Young Surgeons); Hugh H. Trout III, MD, FACS (member, Board of Governors); and Linn Meyer (Director, ACS Communications Department).

Copies of *Practice Management for the Young Surgeon* may be obtained for \$20 each in the general registration area where the *Owen H. Wangenstein Surgical Forum* is sold, or by contacting the Communications Department at College headquarters.

Experimental cooling techniques may help heart and brain surgery patients

Many heart and brain surgery patients are placed in a state of suspended animation or suppressed metabolism while surgeons correct such problems as aneurysms that lie beneath the brain stem, congenital cardiac anomalies, or defects in the aortic arch. Patients can remain in this state for only about 50 minutes, however, before they suffer arrhythmias or brain damage.

Now, however, surgical researchers are beginning to extend the length of time that they can suspend the function of the brain or the entire body without causing heart or brain injury. One technique, which deeply cools the entire body, may make it possible for surgeons to treat trauma victims who routinely die because their injuries cannot be repaired in time. Another, which cools only the brain, may limit the extent of cerebral damage that follows a stroke.

Both of these techniques were discussed yesterday during sessions of the Owen H. Wangensteen Surgical Forum that took place in the convention center.

Approximately 20 to 30 multiple trauma victims in any major U.S. medical center will die each year because surgeons cannot reverse hypovolemic shock, according to Julian E. Bailes,

MD, director of cerebrovascular surgery at Allegheny General Hospital, Pittsburgh, PA. These patients may benefit from an experimental procedure that induces ultra-profound cooling of the body and that replaces blood with a blood substitute. "If we can put these patients on hold through profound hypothermia and blood substitution, surgeons might have enough time to intervene and repair the injury," Michael J. Taylor, PhD, researcher with Allegheny-Singer Research Institute, explained.

When tested in the laboratory, the ultra-profound cooling procedure protected large animals from ischemia for as long as two hours after hypovolemic shock had been experimentally induced. All the animals in the study survived, their hearts began beating spontaneously after their temperature and blood were returned to normal, and they had no evidence of neurological deficits.

The procedure may be a potential treatment for trauma patients in hypovolemic shock not only because it cools the body to arrest metabolism but also because it removes blood containing proteins that may precipitate shock.

While the procedure used by the Pennsylvania researchers cools the entire body, a novel technique under investigation at Columbia University

College of Physicians and Surgeons in New York, NY, cools only the brain. "We were able to dramatically lower temperature in the brain without cooling the rest of the body below 34°C, which is within the normal body thermal regulatory range and avoids the problems of arrhythmia and low cardiac output syndrome that occur when the entire body is cooled," Robert E. Michler, MD, FACS, director of cardiac transplantation service, explained.

The technique applies to the brain some of the principles of heart surgery. A cold blood solution is commonly injected into the heart to preserve myocardial tissue while the heart is stopped. The cold solution slows down the metabolic rate and the function of proteins and reduces tissue oxygen requirements, thereby preventing extensive injury to the heart. "If we can infuse a cold solution or simply cooled blood into the brain of a person who had just had a stroke, it might be possible to limit the extent of the subsequent injury by stopping the metabolic changes that are caused by the stroke," Dr. Michler said.

In a feasibility study in animals, Dr. Michler took blood from the femoral artery, cooled it to 4°C with a heat exchanger, and infused it into the right common carotid artery. The temperature in the brain was reduced to 18°C

and maintained at that level for a total of 30 minutes. The heat exchanger then was disconnected and the blood was allowed to return to normal temperature.

During the cooling period while the brain was held at 18°C, the rest of the body retained a normal mean temperature of 35°C, as measured in the esophagus and rectum.

After the heat exchanger was removed, the brain spontaneously rewarmed itself to 37°C.

Currently, Dr. Michler and his colleagues are refining the technique so that eventually it may be used in humans. To that end, he is developing a solution that will not only cool but also enhance the preservation of brain tissue. He has developed a catheter so that an incision will not have to be made over the carotid artery.

It is important to note that the brain cooling technique will not be applicable to every procedure performed in the brain, Dr. Michler acknowledged. But he believes it will be particularly beneficial in the treatment of stroke. "If we can make this brain cooling procedure work, we should be able to restrict the amount of brain damage that follows a stroke," he concluded.

Copies of the *Owen H. Wangensteen Surgical Forum*, Volume XLVI, are available for \$25 each in the registration area of the convention center.



On Tuesday, the eight 1995 International Guest Scholars received their certificates and stipends at a luncheon in their honor. Taking time from their busy schedules to pose with the chairman of the selection committee, from left to right, are: Kwan Hon Chan, MS, FRCS (Edin), University of Hong Kong, Queen Mary Hospital, Hong Kong (sponsored by Ronald C. Merrell, MD, FACS); Petrana Petkova Doynova, MD, Research Institute of Pediatrics, Sofia, Bulgaria (the first Abdol Islami Scholar and sponsored by Blake Cady, MD, FACS); Onwura Michael Obiekwe, MS, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria (sponsored by Jerome J. DeCosse, MD, FACS); Soottiporn Chittmittrapap, MD, Chulalongkorn University Hospital, Bangkok, Thailand (sponsored by Marvin Jose Lopez, MD, FACS); Newton Dillon Duncan, MD, University Hospital of the West Indies, Kingston, Jamaica (sponsored by James A. DeWeese, MD, FACS); Luis Alberto Ruso, MD, Montevideo, Uruguay (sponsored by Jorge A. Wernly, MD, FACS); Jorge A. Wernly, MD, FACS, Chairman of the Selection Committee, Albuquerque, NM; Marco Maria Lirici, MD, Rome, Italy (sponsored by Ramon S. DeJesus, MD, FACS); and Alejandro Gonzalez Ojeda, MD, Guadalajara, Mexico (sponsored by Luis O. Vasconez, MD, FACS).



This year's medical student participants at Clinical Congress were welcomed at a reception on Sunday evening. Pictured here with several members of the Committee on Surgical Education in Medical Schools are: (top row, left to right) Jason Gilster, Tulane University, New Orleans, LA; Annmarie Dunican, UMDNJ, New Orange, NJ; Kevin Cleveland, Mercer University, Macon, GA; Luciana Borio, George Washington University, Arlington, VA; Houston Johnson, Jr., MD, FACS, Sylvania, OH; Morice P. Denney, Howard University, Laurel, MD; Donald DeCarlo, Jr., West Virginia University, Star City, WV; Michael Penney, University of Arkansas, Little Rock, AR; Russell Margraf, Albany Medical College, Albany, NY; Richard Gusberg, MD, FACS, New Haven, CT; Jeanne-Marie Fanelli, Medical College of Pennsylvania, Philadelphia, PA; Chuck Goldfarb, University of Alabama, Birmingham, AL; Patricia Numann, MD, FACS, Syracuse, NY; Karen Deveney, MD, FACS (Vice-Chair), Portland, OR; Thomas Lynch, MD, FACS, Omaha, NE; (middle row, left to right) Chris Jamieson, MD, FACS, Toronto, ON; Wyman McGuirt, Bowman Gray School of Medicine, Winston-Salem, NC; Wendy Gottlieb, University of Virginia Health Sciences Center, Charlottesville, VA; Mary Barnes, Uniformed Services University of the Health Sciences, Rockville, MD; Tammy Crumpler, East Tennessee State University, Johnson City, TN; T. Chadwick Eustis, Vanderbilt University, Nashville, TN; Stanley Okoro, Meharry Medical College, Nashville, TN; Taylor Sohn, Johns Hopkins University, Baltimore, MD; Marshal Perls, University of Pittsburgh, Pittsburgh, PA; Silvio Gurdian, University of Mississippi, Jackson, MS; Wilson Szeto, Virginia Commonwealth University, Midlothian, VA; Darshan Shah, Albert Einstein College of Medicine of Yeshiva University, Bronx, NY; James Crowther, Pennsylvania State University, Hummelstown, PA; Lorraine Cornwell, University of North Carolina, Chapel Hill, NC; Kaythryn Richardson, Louisiana State University, Shreveport, LA; Orin Atlas, Robert Wood Johnson School of Medicine, New Brunswick, NJ; Stephen Nutter, Marshall University, Huntington, WV; Nelson Gurll, MD, FACS, Iowa City, IA; (front row, left to right) Frances Conley, MD, FACS, Stanford, CA; Scott VanDuzer, Temple University, Slatington, PA; Latrice Allen, Mount Sinai School of Medicine, New York, NY; Matthew R. Williams, College of Physicians and Surgeons of Columbia University, New York, NY; Farzad Nahai, Emory University, Atlanta, GA; Michael Connors III, Louisiana State University, Metairie, LA; Dragan Dimitrov, New York, NY; Layton Rikkers, MD, FACS (Chair), Omaha, NE; Edward Woo, University of Pennsylvania, Philadelphia, PA; Sanford Duke, Medical College of Georgia, Augusta, GA; Ricky Placide, Eastern Virginia Medical School, Norfolk, VA; Richard Jones, East Carolina University, Greenville, NC; Vivian Mack, Cornell University, New York, NY; Karen Deters, Georgetown University, Arlington, VA; Christine Wong, Duke University School of Medicine, Durham, NC; Cynthia Chlu, New York Medical College, White Plains, NY; Merrill Dayton, MD, FACS, Salt Lake City, UT.

Allied Meetings

Thursday

Morning

American Society of Colon and Rectal Surgeons, Standards Committee
7:00 am - 8:00 am. Breakfast meeting.
Hilton Riverside, 3rd floor, Magnolia.

American Society of Colon and Rectal Surgeons, Outcomes Committee
8:00 am - 9:00 am. Breakfast meeting.
Hilton Riverside, 3rd floor, Elmwood.

American Society of Colon and Rectal Surgeons, Research Committee of the Research Foundation
12:00 noon - 1:30 pm. Luncheon.
Hilton Riverside, 3rd floor, Oak Alley.

American Society of Colon and Rectal Surgeons, Self-Assessment Committee
2:00 pm - 4:00 pm. Meeting.
Hilton Riverside, 3rd floor, Rosedown.

American Society of Colon and Rectal Surgeons, DC&R Editorial Board

4:00 pm - 6:00 pm. Meeting.
Hilton Riverside, 3rd floor, Oak Alley.

American Society of Colon and Rectal Surgeons, Membership Committee
5:00 pm - 6:00 pm. Meeting.
Hilton Riverside, 3rd floor, Elmwood.

Medical Alumni Association of the University of Maryland
5:30 pm - 7:30 pm. Reception.
Hilton Riverside, 3rd floor, Melrose.

American Society of Colon and Rectal Surgeons, Program Committee
6:30 pm - 10:00 pm. Dinner meeting.
Hilton Riverside, 3rd floor, Rosedown.

Friday

Morning

American Society of Colon and Rectal Surgeons
9:00 am - 12:00 noon. Breakfast meeting.
Hilton Riverside, 1st floor, Grand Salon, Suite A, Section 1.

Program Changes

Motion Picture Sessions

Operative Exposure for Subclavian Artery and Thoracic Outlet Trauma, by Enrique Ginzburg, MD, Larry C. Martin, MD, Mark McKenny, MD, David Schatz, MD, Patricia Byers, MD, FACS, Orlando Kirton, MD, and Joseph M. Civetta, MD, FACS, Miami, FL, will be presented during the Thursday afternoon Trauma Motion Picture Session.

Technical Exhibits

Aloka, located in booth 2048, should be listed under the following product categories:
Cholecystectomy, Products; Equipment, Surgical; Imaging Systems, Intraoperative; Imaging Systems, Ultrasound; Laparoscopic Accessories; Ultrasound Systems, Abdominal; and Ultrasound Systems, Laparoscopic.

No smoking

Ernest N. Morial Convention Center is a nonsmoking building; therefore, the College requests that you refrain from smoking on the premises.

Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 17,946. Of that number, 8,631 were physicians and 9,315 were exhibitors, guests, spouses, or convention personnel.



Past presidents of the College who are attending Clinical Congress this year met for a luncheon on Tuesday. (Top row, left to right:) W. Gerald Austen (1992-93), Boston, MA; M. J. Jurkiewicz (1989-90), Atlanta, GA; Henry T. Bahnson (1983-84), Pittsburgh, PA; Lloyd D. MacLean (1993-94), Montreal, PQ; Oliver H. Beahrs (1988-89), Rochester, MN; James D. Hardy (1980-81), Jackson, MS; (lower row, left to right) Ralph A. Straffon (1991-92), Cleveland, OH; G. Tom Shires (1981-82), Lubbock, TX; C. Rollins Hanlon (1987-88), Chicago, IL; Claude E. Welch (1973-74), Boston, MA; Jonathan E. Rhoads (1971-72), Philadelphia, PA; and David C. Sabiston, Jr. (1985-86), Durham, NC.



Members of the Program Committee met on Saturday. Pictured here are several committee members and liaison representatives: (top row, left to right) Joel D. Cooper (Cardiothoracic Surgery), David L. Nahrwold, J. Roland Folse (Committee on Graduate Medical Education), Gordon L. Telford (Committee on Operating Room Environment), Hiram C. Polk, Jr. (General Surgery), Ronald E. Rosenthal (Orthopaedic Surgery), William H. Coles (Ophthalmic Surgery), Laurence Y. Cheung (Committee for the Forum on Fundamental Surgical Problems); (middle row, left to right) Charles W. Logan (Board of Governors), Harold C. Urschel (Cardiothoracic Surgery), David M. Heimbach (Committee on Continuing Education), Robert Lee Walton, Jr. (Plastic and Maxillofacial Surgery), Kirby I. Bland, C. James Carrico, Layton F. Rikkers (Committee on Surgical Education in Medical Schools), Bradley M. Rodgers (Pediatric Surgery), David J. Schoetz, Jr. (Colon and Rectal Surgery), David A. Krusch (Regents' Committee on Informatics); (bottom row, left to right) Jack W. McAninch (Urology), Anthony A. Meyer (Committee on Pre- and Postoperative Care), A. Brent Eastman, Andrew S. Wechsler, David C. Brewster (Vascular Surgery), Paul A. Levine (Otorhinolaryngology), Maurice G. Webb (Gynecology and Obstetrics), David G. Piepgras (Neurological Surgery), John A. Weigelt (Committee on Trauma), and Gerald O. Strauch (Director, ACS Assembly and Trauma Departments).